

DSHS Family & Community Health Services Division
HOUSEHOLD Eligibility Worksheet

Appendix A3



PART I – APPLICANT INFORMATION

| | | |
|---|------------------------------|---|
| Name (Last, First, Middle) | Today's Date (MM-DD-YYYY) | Eligibility Effective Date (MM-DD-YYYY) |
| Case Record Action <input type="checkbox"/> Adjunctive <input type="checkbox"/> Presumptive <input type="checkbox"/> Supplemental <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Client/Case # | Type of Determination <input type="checkbox"/> New <input type="checkbox"/> Re-certification |
| Texas resident <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other benefits or health care coverage (Medicaid, Medicare, CHIP, private health insurance, VA, TRICARE, etc.) | | |
| Special circumstances | | |

PART II – HOUSEHOLD INFORMATION

| | |
|----|-------|
| 1. | Notes |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

PART III – INCOME INFORMATION

| Income Type | Name(s) of household member(s) with income | | Documentation of income (if applicable) |
|-------------------------------|--|---|---|
| | | | |
| Gross earned income | | | |
| Cash gifts/contributions | | | |
| Child support income | | | |
| Dividends/interest/royalties | | | |
| Loans (non-educational) | | | |
| Lawsuit/lump-sum payments | | | |
| Mineral rights | | | |
| Pensions/annuities | | | |
| Reimbursements | | | |
| Social security payments | | | |
| Unemployment payments | | | |
| VA payments | | | |
| Worker's compensation | | | |
| Total countable income | | | |
| Deductions | - | - | |
| Net countable income | | | Household FPL % |

PART IV – PROGRAM ELIGIBILITY

| | | |
|--|--|--|
| 1. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH | 2. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH | 3. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH |
| 4. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH | 5. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH | 6. <input type="checkbox"/> BCCS <input type="checkbox"/> EPHC <input type="checkbox"/> DSHS FP <input type="checkbox"/> PHC <input type="checkbox"/> Title V/MCH |
| Co-Pay/Fees | | |

| | | |
|----------------|-----------------------------------|------|
| Name of Agency | Signature – Agency / Staff Member | Date |
|----------------|-----------------------------------|------|

DSHS Family & Community Health Services Division

HOUSEHOLD Eligibility Worksheet Instructions



PART I - APPLICANT INFORMATION

Fill in the boxes with the applicant's information.
Check the appropriate boxes.

Other benefits or health care coverage: Document other benefits received/denied. (An applicant or family member eligible for Medicare Part A/B must be referred to the Medicare Prescription Drug Plan (Part D) for prescription drug benefits.)

Special circumstances: Document any special circumstances.

PART II – HOUSEHOLD INFORMATION

Fill in the boxes with members of the household.

This number will include a person living alone or two or more persons living together where legal responsibility for support exists.

Legal responsibility for support exists between: persons who are legally married (including common-law marriage), a legal parent and a minor child (including unborn children), or a legal guardian and a minor child.

(Title V contractors may add whether household members are US citizens, eligible immigrants, or non- US citizens.)

Program Eligibility by 2016 Federal Poverty Level (FPL)

Effective March 1, 2016

| Family Size | Title V - MCH | PHC EPHC BCCS | FP |
|-------------|---------------|---------------------|----------|
| | 185% FPL | 200% FPL | 250% FPL |
| 1 | \$1,832 | \$1,980 | \$2,475 |
| 2 | 2,470 | 2,670 | 3,338 |
| 3 | 3,108 | 3,360 | 4,200 |
| 4 | 3,747 | 4,050 | 5,063 |
| 5 | 4,385 | 4,740 | 5,925 |
| 6 | 5,023 | 5,430 | 6,788 |
| 7 | 5,663 | 6,122 | 7,653 |
| 8 | 6,304 | 6,815 | 8,519 |
| 9 | 6,946 | 7,509 | 9,386 |
| 10 | 7,587 | 8,202 | 10,253 |
| 11 | 8,228 | 8,895 | 11,119 |
| 12 | 8,870 | 9,589 | 11,986 |
| 13 | 9,511 | 10,282 | 12,853 |
| 14 | 10,152 | 10,975 | 13,719 |
| 15 | 10,794 | 11,669 | 14,586 |

PART III - INCOME INFORMATION

Income may be either earned or unearned. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:

- weekly income is multiplied by 4.33;
- income received every two weeks is multiplied by 2.17;
- income received twice a month is multiplied by 2.

Fill in the *Income Type* table with name(s) of household member(s) and income amounts.

Calculate the *Total countable income*.

Calculate the *Deductions*:

- child support payments;
- dependent childcare;
 - up to \$200 per child per month for children under age 2;
 - up to \$175 per child per month for children age 2 and older;
- adults with disabilities;
 - up to \$175 per adult per month.

Total the *Net countable income*.

Calculate the household FPL using the applicable DSHS program policy and fill in the *Household FPL* box.

Use the *Documentation of income* box for notes (if applicable).

PART IV – PROGRAM ELIGIBILITY

Determine program eligibility for each household member using the corresponding numbers from the household information section.

Document applicable copayments and fees by program in the *Co-Pay/Fees* box.

Fill in the *Name of Agency*, sign, and date.